

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWAREMARLAYNA G. TILLMAN,  
v.  
THE PEPSI BOTTLING GROUP, et al.

## SUBPOENA IN A CIVIL CASE

Case Number: 04-1314  
District of DelawareTO: Wilmington College  
Attn: Brenda Farside, M.S.W.  
320 DuPont Highway  
New Castle, DE 19720☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM –

DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):  
**Any and all documents relating to Marlayna G. Tillman's (Social Security No. 521-23-2725, Date of Birth 6/6/66) medical treatment. Please see attached release.****PLACE:**  
BALLARD SPAHR ANDREWS & INGERSOLL, LLP  
1735 MARKET STREET, 51<sup>ST</sup> FLOOR  
PHILADELPHIA, PA 19103

DATE AND TIME

November 2, 2006 at 9:00 A.M.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF  
ATTORNEY FOR PLAINTIFF OR DEFENDANT):

DATE

October 19, 2006

Attorney for Defendant

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

William M. Kelleher, Esquire

BALLARD SPAHR ANDREWS &amp; INGERSOLL, LLP 919 Market Street, 12th Floor

Wilmington, DE 19801; (302) 252-4465

\*You may contact the issuing attorney to set an alternative means of production.

(See Rule 45, Federal Rules of Civil Procedure, Parts C &amp; D on Reverse)

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

<b>Name (Print):</b> MARLAYNA TILLMAN	<b>SSN:</b> 521-23-2725
	<b>Date of Birth:</b> 6/6/66

I authorize Dr. Brenda Farside and/or the administrative and clinical staff of the  
**Health Care Provider**

above health care provider's practice to disclose the following protected health information to **BALLARD SPAHR ANDREWS & INGERSOLL, LLP**, 1735 Market Street, 51<sup>st</sup> Floor, Philadelphia, Pennsylvania, 19103, or any of their representatives: Copies of any and all records regarding my medical care, treatment, and expenses. This information includes, but is not limited to, matters regarding my injuries, diseases, diagnoses, and treatments. The information to be released includes, but is not limited to: medical records, reports, x-rays, MRI films, CT scans, HIV testing records (if any), other diagnostic tests or films, laboratory diagnostic tests and results, prescription records and medical bills.

**\*IMPORTANT NOTE:** Unless the authorization is expressly limited, this authorization grants the health care provider named above the right to disclose **ALL** of the personal medical information identified, including (if applicable) information about any diagnosis or treatment for any mental health, substance abuse, sexually transmitted disease (such as HIV), cancer and/or genetic condition, for the purposes described below.

The protected health information requested above will be used to evaluate claims made in a proceeding commenced by me, and may be used in that proceeding.

This Authorization shall expire one year from the date of signing.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending such written notification to the health care provider named above, with a copy of such written notification to Lucretia C. Clemons, Esquire at BALLARD SPAHR ANDREWS & INGERSOLL, LLP, at the above addresses. My revocation will not be effective to the extent that BALLARD SPAHR ANDREWS & INGERSOLL, LLP has relied on the Authorization before receiving the revocation. However, my revocation will be effective from the date of the revocation forward.

I also understand that my health care provider(s) and health plan(s) may not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested disclosure.

I also understand that, once disclosed, the protected health information released pursuant to this Authorization may be disclosed again by the recipient in the course of the applicable legal proceeding and may no longer be protected by federal or state law.

A fax or photocopy of this authorization shall be as effective as the original.

  
 Signature of Claimant

10/11/06  
 Date